

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** OUR HOUSE I (0009451)

**Address:** W902 CTH E, NESHKORO, WI 54960

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2001

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096204      **End Date:** 12/28/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007235

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified

Corrected

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Survey ID: 0095860      End Date: 10/12/2005      Type: ABBREVIATED      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007212    Served 11/12/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.07(3)	RESIDENCY OR SIGNATORY CHANGE		
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(3)(h)4	SPACE IN BATHROOM		
88.05(3)(h)6	SPACE FOR INDIVIDUAL STORAGE		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(b)	PRIVACY		
88.10(3)(u)	SERVICE CHARGES		

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**Survey ID: 0091491      End Date: 11/04/2003      Type: STANDARD      Purpose: SURVEY**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Enforcement History
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<b>Date: 01/20/2006</b>	<b>SOD #10007235</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH REQUIREMENT

<b>Date: 11/09/2005</b>	<b>SOD #10007212</b>	<b>Appealed: Yes</b>	<b>Decision: STIPULATION</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
FORFEITURE---50.03(5g)(c)1

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

<b>Complaint History</b>
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**Date Complaint Received: 07/22/2005**

**Date Investigation Completed: 10/12/2005**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

11/10/05  
11/10/05

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